Instruction 1(b)

## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	$D \subset$	205/10
Washington,	D.C.	20549

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								

hours per response

					(A)	(D)	Date Exer	cisable	Expiration Date	ı Title	Amount or Number of Shares							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expi	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amor Secu Unde Deriv	erlying vative rity (Instr. 3	De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e Ov s Fo lly Di or l (l)	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Common stock, no par value.			12/04/2008		<b>J</b> (5		5)	2	45	A	\$22.4	4	4,184.571			D		
Common	stock, no pa	ır value.	10/31/2008			<b>J</b> (4	1)	56	.335	A	\$23.781 0 D					D		
Common	stock, no pa	ır value.	08/15/2008		$\neg$	<b>J</b> (3	3)	49	.564	A \$26.685 0 D				D				
			05/15/2008	<b>J</b> (2)		2)	47	.569	A	\$27.45	59 0		0		D			
Common stock, no par value.			02/15/2008	J		J <sup>(1</sup>	.)	45.052		A	\$28.64	18		0		D		
			(Month/Day/Year)	if any (Month/Day/Year)		Code (Instr. 8)		Amoun	(A) or		Price	_	Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)	
1. Title of Security (Instr. 3) 2. Transaction				ative Securities Acquire  2A. Deemed 3. Execution Date, Transaction		red, Disposed of, or Benefi  4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)				<del></del>			6. Ownership		7. Nature of			
(City)	(Sta	ate) (2	Zip)		Felouil													
HAMPTO	ON NE	<u> </u>	)3842 	-								Form filed by More than One Reporting Person						
(Street)			4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person								
(Last) (First) (Middle) 6 LIBERTY LANE WEST					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2008						/Year)	Officer (give title Other (specify below) below)						
OSHAUGHNESSY M BRIAN					UNITIL CORP [ UTL ]						(Check all applicable)  X Director			<u> </u>		Owner		
Name and Address of Reporting Person*				2. Issuer N	or Section 30(h) of the Investment Company Act of 1940  2. Issuer Name and Ticker or Trading Symbol						1	5. Relationship of Reporting Person(s) to Issuer						
Form 4	Transactions R	eported.	File	ed pursuant to														
Form 3	Holdings Repo	rted.													о рег	горопос.	1.0	

## **Explanation of Responses:**

- 1. Acquisition pursuant to reinvestment of dividends.
- 2. Acquisition pursuant to reinvestment of dividends.
- ${\it 3. Acquisition pursuant to reinvestment of dividends.}$
- 4. Acquisition pursuant to reinvestment of dividends.
- 5. Shares were purchased on my behalf by Unitil Corporation and transferred into my name in connection with the stock portion of my annual Retainer Fee received as a Director of the Company.

/s/ M. Brian O'Shaughnessy 02/02/2009

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.